

CLAIMS ONLY							Application Number		Filing Date	
							10657835			
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	cancel						51			
2							52			
3							53			
4							54			
5							55			
6	cancel						56			
7							57			
8							58			
9							59			
10	cancel						60			
11							61			
12	cancel						62			
13							63			
14							64			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	9						Total Depend			
Total Claims	12						Total Claims			